

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/599918

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2						
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35						
36						1
37						1
38						1
39						1
40						1
41						1
42						1
43					1	
44						1
45						
46						
47						
48						
49					1	
50						1
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS			1			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓	4	↓
TOTAL DEP.		←		←	29	←
TOTAL CLAIMS					33	